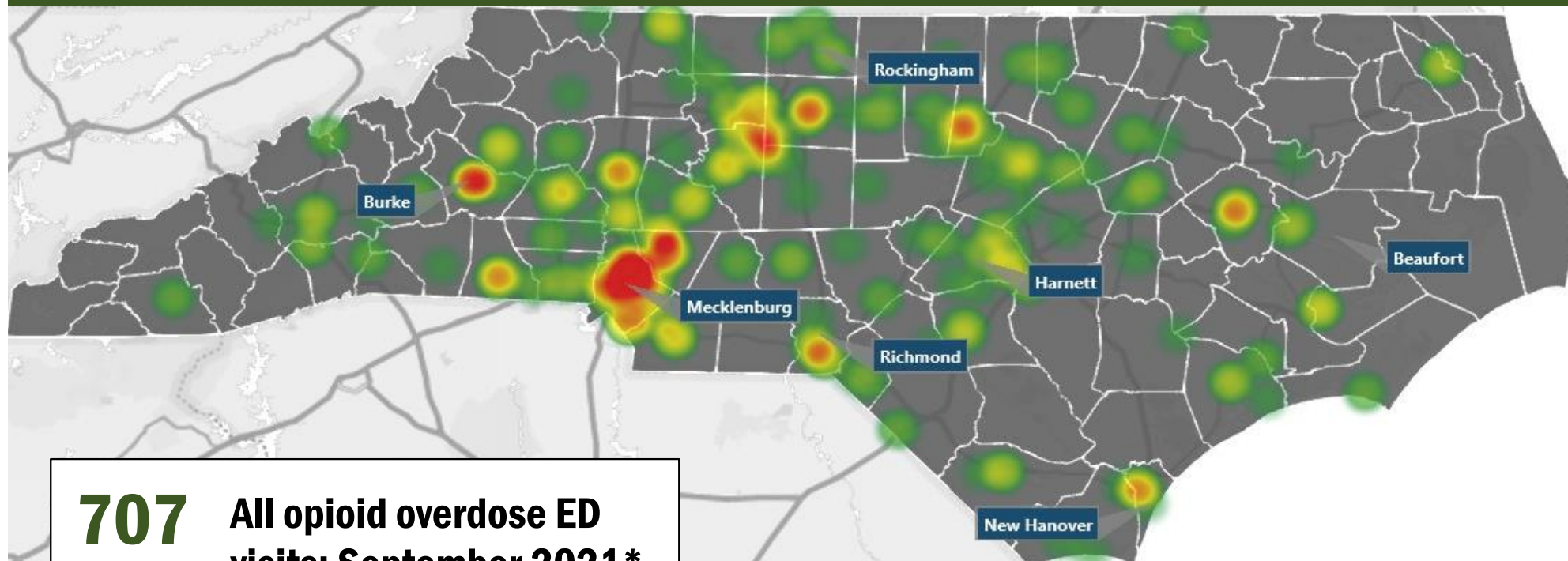


ALL OPIOID OVERDOSE ED VISITS: NORTH CAROLINA, SEPTEMBER 2021*



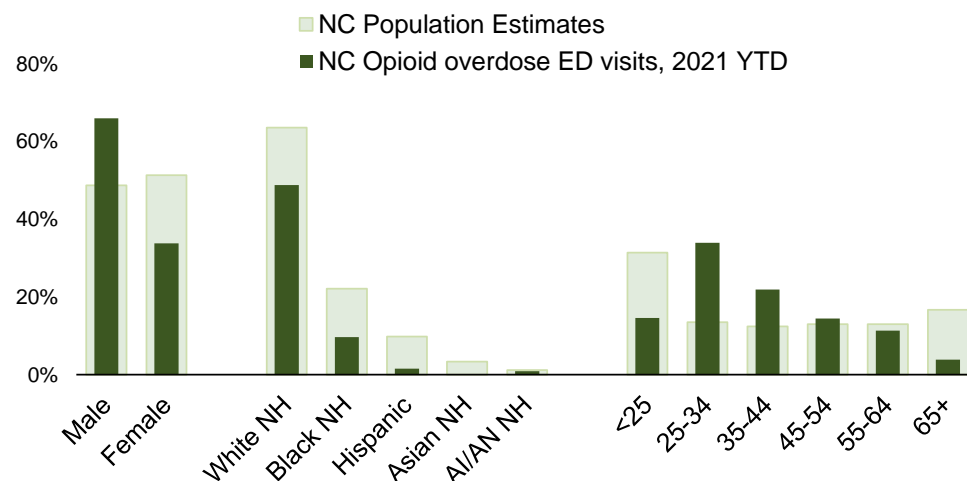
707 All opioid overdose ED visits: September 2021*

Compared to **679** September 2020

Data Source: NCDETECT: ED; Custom Event: Overdose:
Opioid Overdose V.2 (ICD-9/10-CM)

The highest rates of visits per 100,000 residents occurred in:

Richmond (33.4), Beaufort (21.2), Burke (17.7), Harnett (16.4), and Rockingham (15.4) counties.

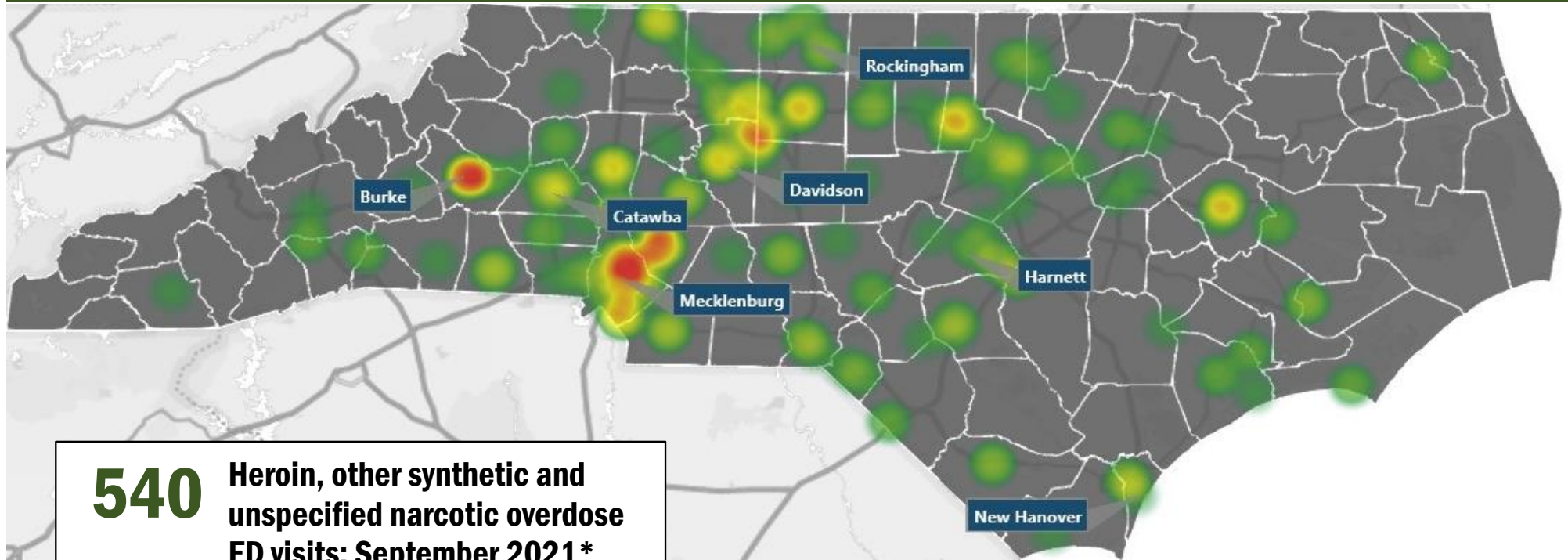


Note: NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents.*Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.



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HEROIN AND OTHER SYNTHETIC/ UNSPECIFIED NARCOTIC OVERDOSE ED VISITS, SEPTEMBER 2021*

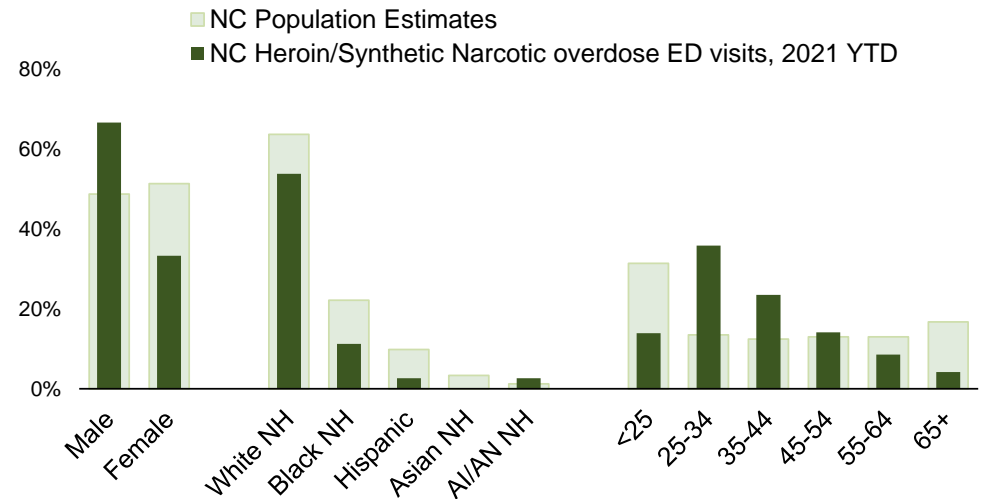


540 Heroin, other synthetic and unspecified narcotic overdose ED visits: September 2021*
 Compared to **535** September 2020

Data Source: NCDETECT: ED; Custom Event: Overdose: Opioid Overdose V.2 (ICD-9/10-CM) searching diagnosis codes for T40.1, T40.4, & T40.6.

The highest rates of visits per 100,000 residents occurred in:

Burke (17.7), Rockingham (14.3), Harnett (11.9), Catawba (8.8), and Davidson (8.4) counties.



Note: NH(Non Hispanic). Counts based on diagnosis (ICD-9/10-CM code) of a heroin or other synthetic narcotic overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. *Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.



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